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THE NURSING TIMES

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CRITICISM

THE trained nurse must be rather weary of being the subject of club debates, and the object of abuse by outsiders in the public Press. Some months ago the Pioneer Club—once the most progressive of women's clubs—had a debate opened by Miss Genn on the motion that "Mrs. Gamp was preferable to the modern trained nurse." This lady seems now to have migrated to the Queen Square Club, and repeated her performance there.

Miss Genn uttered a good deal of abuse, sometimes witty, sometimes vulgar. If we took seriously this debate in a mixed club (attended, we are told, by many nurses in uniform) those of us who still have "ideals" might be deeply hurt at such vulgar accusations as these quoted from Miss Genn's speech:—

"There is hardly a person in this room who does not know of a case in which a medical student has ruined his profession by accepting the matrimonial proposals of a nurse before realising what he has done. Such cases are little better than kidnapping."

"Nurses have attended the wife and afterwards married the widower. Mrs. Gamp did not marry her patients."

However, it is much better to treat such proceedings with the contempt they deserve. One might even laugh over letters on the subject sent to the *Tribune*, such as this gem:—

"She (the nurse) is the autocrat of the household, the tyrant, be it said. She earns a very good salary—generally as much as £3 3s. a week—for giving everyone instruction in what she ought to do, seeing it done, and passing all the time she is on duty doing needlework, which she always succeeds in selling at fabulous prices to her patient's family.

"Not content with her extremely high fees, this calculating young person always expects a present of jewellery from her patient upon leaving. She generally keeps you well-informed as to how generous her last patient was, and what magnificent presents people always gave her. If she be a day nurse, she expects her two hours' walk in the afternoon. Then she will sally forth in the very latest fashion to her smart club, where the ailments and character of her patient will be well discussed. At dinner in the evening she will speak with mournful eyes to the son of the house of the sufferings of 'the poor, dear patient upstairs.'"

To our knowledge very few nurses care or can afford to join a "smart club," but the picture given is effective.

Meantime, with real sympathy for the trouble of finding new subjects, we commend debates committees to try: "That the old barber is better than the Harley Street surgeon." Stories of mistakes and horrors could be gathered from anti-vivisection meetings, and cases might be quoted of certain medical men having been grasping, unskilful or immoral. These instances could be used to brand the whole profession, and no doubt a delightful debate would result. No harm would be done, but it would be well if leading London journals realised that such puerile attacks acquired a false importance when reported with headlines in their columns.

NURSING NOTES

State Registration in Holland.

THE question of State examination and registration is discussed by Dr. Aletrino in recent numbers of the Dutch nursing paper, *Nosokomos*. Alluding to the necessity for nurses to protect themselves against non-professionals, who at present adopt nurses' uniform with impunity, he says such abuses could be put a stop to if nursing were by State registration raised to the level of a distinct profession, such as law. As regards examiners, these should, he considers, be doctors who thoroughly understand nursing as well as medical science, which is not always the case. On this point Dr. Pfleiderer is also agreed, urging further that every medical student, before going up for his doctor's degree, should serve three months as male nurse in a hospital. With a fixed standard of examination there should be an increase of pay for nurses. Dr. Aletrino also advocates a two years' preliminary course of training, in which what may be called the drudgery of the profession should be learnt. On the board of examiners qualified nurses should also sit. Dr. Aletrino considers the prevailing system arbitrary, often unjust and worthless. Only the State can, he thinks, raise nursing to the dignity of a profession to which only well-educated and well-trained persons shall be admitted.

Nurses' Uniform.

The desirability of women guardians was incidentally demonstrated the other day by a somewhat undignified discussion that took place at a meeting of the Wigton Board over the annual allowance that should be made to the probationer nurse for uniform. Their ideas appeared somewhat hazy as to the proper amount of allowance, and there was no mention as to whether it was intended to cover outdoor as well as indoor raiment, a point that makes a considerable difference! We think, however, the guardians decided rightly in allowing £3 10s. instead of the £5

asked for. For indoor uniform this should be ample, indeed we know of infirmaries where £2 yearly is deemed sufficient, but this sum necessitates rigid economy, and allows nothing for outdoor uniform, and if the Wigton guardians desire their nurses to wear it, it would be well to grant them something additional the first year for the purchase of a bonnet and cloak which are expensive items. After which nurses should be able—by the exercise of reasonable care—to keep it up on an annual allowance of £3 10s. A district nurse—exposed to all weathers—naturally wears out her uniform faster than any others, and needs at least two cloaks in constant wear, but £4 is the common district uniform allowance, while in one county it is as low as £3, but this is in our opinion inadequate.

Christian Science.

The tenets of Christian Science were among the subjects considered at the London Diocesan Conference last week, and were dealt with mainly by Archdeacon Sinclair. After showing that some of the doctrines to which Christian Scientists consciously or unconsciously subscribed were essentially blasphemous, he made some remarks on the therapeutic value of faith. He considered that there could not be the slightest doubt that faith had much to do with recovery from illness. Confidence in the love of God, belief in the skill of the surgeon or physician, earnest prayer for the best issue—these produced the most favourable antecedents and conditions for victory over sickness. But we must, he added, at all times make use of the ordinary means which God has provided Faith alone will not cook our food, cleanse our drains, purify our rooms, or build sanitary houses. Faith without works is dead, being alone. The works that are necessary to faith in illness or accident are the accumulated skill of the surgeon, physician, and nurse. He also related that upon one occasion a patient, an acquaintance of his, who was ill, expressed his readiness to submit to Christian Science treatment if his would-be healer would permit the preliminary insertion of some cayenne pepper in his eye, a condition which was not accepted. Since the foundation doctrine of Christian Science as a healing art is that there is no such thing as pain, this test was a perfectly fair one to propose, and may well be offered by our readers if ever they have occasion to expose a Christian Science healer.

Training and Over-Training.

While we in this country are discussing the possibilities of raising the standard of nursing, of making training longer and more complete, a meeting of physicians and nurses recently held at New York agreed that nurses were overtrained, and had too much theory and too little practice. A leader in an evening paper took up the question and declared that:—

> Nurses nowadays are instructed in a great variety of topics, and it is a question whether the smattering of knowledge they acquire is not often more mischievous than useful. Some of them are too apt to think that their position entitles them to censure the work of the doctor and to carry out his orders or not as they see fit. Thus we have known of one who persuaded her patient that his surgeon was incompetent in having failed to remove some catgut sutures from a wound at the proper time; another, in a public hospital, who ignored the house physician's prescription of a narcotic in the case of a boy on the ground that "it was a shame to expose him to the danger of acquiring a drug habit." The place of the nurse is an honourable one, and every candid physician is glad to acknowledge that the successful issue in many cases, such as pneumonia and so on, depends at least as much on her services as on his. But to stuff her head with scraps of knowledge about a number of subjects which do not concern her duties at all would surely be foolish. A thoroughly trained nurse is indispensable. An over-trained and "learned" nurse is apt to be a nuisance.

The Trained Nurse, which in this connection prints a letter from a superintendent asking for more instead of less training, is an excellent and open-minded American nursing journal, which publishes freely the varied opinions of its readers, instead of, as it says, "devoting pages to an expression of our own opinions." *The Trained Nurse* gives a useful hint, in pointing out, *à propos* of the leader above mentioned, that this "shows the trend of public opinion, and we have always contended that no matter what professional opinions may be, public opinion will finally decide this as it does all other questions. Before we can accomplish anything we must first interest the public and prove to it the merits of our case."

Good Records.

At Camberwell Infirmary, twenty-two probationers recently underwent examination, of whom eighteen passed, Miss Burgess winning the gold medal which is presented by Dr. Keat, the medical superintendent, for nursing ability and general efficiency. Nurse Stavert gained the highest number of marks at the examination. Dr. Abbott, the examiner, said that the knowledge of the candidates reflected the highest credit upon Dr. Keat and his staff.

The nurses of the Holborn Union Infirmary, who were recently examined by Dr. Perkins, have won very high praise not only for themselves but for those who have instructed them. Dr. Perkins in his report says:—"I was exceedingly pleased . . . with the very full and accurate knowledge." Out of a possible 200 marks Nurse Lubke gained 188, Nurses Underwood, Barrett, Cornish, Franks, Bond, Judge, Price, Bullinaria, and Kitney all following her closely. The nurses' charts were commended as models.

Registration.

Correspondents sometimes ask us where they may read a correct, unbiassed pronouncement on the registration question. This question has not hitherto been easy to answer, since the articles written about registration are usually by partisans or by opponents. Consequently we are delighted to see in the current number of *St. George's Hospital Gazette* a very fair and clearly written article, summarising what has been done, and giving the arguments for and against registration, as it affects the medical profession, the public, and the nurse. This should be read by all nurses, and

they can then form opinions for themselves. The *Gazette* may be obtained from St. George's Hospital, and costs 6d.

A Great Bazaar.

Every year has its "bazaar of the season," and there is little doubt that the beautiful Elizabethan fair and fête held in Lincoln's Inn, in aid of the King's College Hospital removal fund will carry off the palm this year. Duchesses and countesses and the best known names in the land are among the stallholders; but the two stalls that will most interest our readers are those of King's College Hospital and of the Queen Alexandra Military Hospital, Millbank. The former, which represents "The Old Cross at Enfield," is served by the retiring sister-matron, Miss Monk, the sisters and staff of the hospital, and by Mrs. Headlam, assisted by many other ladies. The second (in Cheapside) will have the matron and staff of the Military Hospital, Millbank, and the Lady Aileen Roberts, and the Lady Edwina Roberts will assist. Countess Roberts is one of the patronesses of the bazaar. The stall is in two parts, one supplied by the men in the hospitals, and the other by the nursing staff. Miss Jones, the matron of the Millbank Hospital, is very proud of the work sent by the men at the Devonport, Connaught (Aldershot), Millbank, Herbert, and Dublin Military Hospitals. The army sisters have spared no time or trouble on the work for this stall, realising no doubt the debt they owe to King's College Hospital's late matron, Miss Monk, who as a member of the Army Nursing Board has done so much for the Service. There is a quantity of excellently carved wood work sent by the men in the Shorncliffe Hospital, where this work was introduced by Lord Methuen. There is also a fine display of Egyptian work sent from the military hospitals at Cairo and Khartoum. In another part of the bazaar is a large display of baskets made by disabled soldiers.

King's College Hospital stall stands by itself in the grounds, shaped as an octagonal well with a red-tiled roof. The sides are tier shaped, and full of beautiful flowers on one side, and chickens, ducks, dairy produce, with lovely Devonshire cream and cream cheeses, on the other. Fruit there is also in great abundance. This stall is deeply indebted to several Covent Garden firms, and to the Army and Navy Stores. Forty-five of the senior staff will assist at this stall in turns. The bazaar was held for three days, May 23rd, 24th, 25th, and was opened the first day by Princess Christian, who afterwards chatted gaily with Miss Jones, and bought several things from the stall, to which the scarlet capes of the Army sisters gave a pleasant touch of colour. At the King's College Hospital stall the sisters in purple and the nurses in striped galatea were very busy —nurses, indeed, were everywhere, enjoying to the full their extra off-duty time. "Sister Katherine," who looked cheerful, in spite of her recent severe illness, was warmly welcomed on all sides, and the nurses spoke frankly of their grief at her approaching departure. Miss Monk has indeed been not only a good matron, but a real friend to her staff.

A New Nurses' Club.

On May 14th the new nurses' club at 51, Norfolk-square, W., was formally opened, and both on that day and the next there was a crowded attendance. The house itself is a roomy and commodious one, most charmingly papered and furnished in restful greens, with fresh chintz, and cosy corners that positively invite laziness. Its object is to provide members with all the comforts of a modern ladies' club, on the most advantageous terms, these members to consist of fully qualified nurses, masseuses, and lady students. The entrance fee for non-residents is one guinea, with a yearly subscription of one guinea. For residents the same subscription and half a guinea entrance. Resident members will be charged 4s. weekly, this sum including rent of room, box-room, and telephone free of charge, and payable whether members are absent or present. Meals are charged for per meal, breakfast 7d., lunch 10d. and 1s., tea 4d. and 6d., dinner 1s. 3d. Members not in uniform can have the use of the garden in the square and the balcony.

The ladies who are starting this new venture, which is somewhat like the St. Andrew's Club in Mortimer-street, but more moderate, are themselves fully trained nurses, Miss Louisa Basan having been trained at, and afterwards on the private staff of, St. Bartholomew's, besides holding many other good appointments, and Miss M. L. Gordon having trained at the Western Infirmary, Glasgow, and held other appointments. Both ladies belong to the Army Nursing Service Reserve, and worked during the war as army sisters. Miss Basan was the first to receive the S. African Medal. Although there is no philanthropy about the scheme, it is the wish of these two ladies that tired nurses may have a really comfortable home, and it is not their desire to make the terms prohibitive. There are already ten resident members, and four outside members. The number of residents will have to be restricted to thirty-two, but of course the outside members may be legion. Full particulars may be obtained from the secretary, Miss M. L. Gordon, at 51, Norfolk-square, W.

Trained Nurses' Club.

There was a good gathering at the Trained Nurses' Club on May 18th, when Lady Helen Munro Ferguson addressed the members on the subject of "State Registration of Nurses."

Lady Helen gave a very clear exposition of the arguments in favour of registration, for the benefit of those to whom they might be new, and was listened to with great interest. One or two of the audience subsequently confessed themselves to be "almost converted," and useful contributions to the discussion were made by Miss Hughes, Miss Breay (with reference to the lines upon which

legislation in the United States and the Colonies had proceeded), and Miss Hobbs.

Massage Training.

Without decrying in any way the excellent training in massage which is obtainable in this country it is to some of us a matter of regret that this training should be comprised within a few short months. In Sweden, the home of massage, fully qualified operators undergo two years' training and pass an exceedingly difficult examination, and it is interesting to see that the Australasian Massage Association is aiming as high and that its suggested regulations for its diploma enforce a two years' course, and insist upon a good general education among the candidates. The course includes anatomy, physiology, medical gymnastics, and electricity, in addition to the theory and practice of massage. It is impossible to have too high a standard, and we congratulate this Association on its enterprise.

Nurses' Conversazione.

A conversazione is being organised by the provisional committee of the National Council of Nurses, to be held at eight o'clock on the evening of Thursday, June 14th, at the galleries of the Royal Society of British Artists at 6a Suffolk-street, Pall Mall. Several distinguished foreign nurses will be invited, also Members of Parliament, so it is hoped the evening will be both pleasant and interesting. Tickets can be obtained from the hon. secretary, Miss Barton, Chelsea Infirmary, S.W., at the following prices:—Members of the provisional committee, 1s. 3d., non-members, 2s. 6d. Uniform or evening dress will be worn.

Nurses as a body are not rich, and it is a splendid example that a member of the Army Nursing Service Reserve has set her sisters who may meet with good fortune. The lady—her name is not given, nor is it known at headquarters—has given a donation of £700 to the Transvaal War Fund for the widows and dependents of men killed in the South African War.

At a conference of the members of the Q.V.J.I.N. Council and of representatives from the affiliated county nursing associations, recently held at 11, Chandos-street, a very interesting statement showing the growth of the work was presented. There are now thirteen county associations employing sixty-seven Queen's nurses, and over three hundred village nurses in the country districts. The subjects of sick pay and school nursing were fully discussed.

The matron and sisters of the Waterloo Hospital are extremely busy making pretty things for the stall at the forthcoming bazaar, over which they are to preside. As the matron justly remarked, "It seems sad indeed to have the wards and all the furniture quite ready for usefulness, and, alas! empty, with so many simply clamouring for admittance, and anything that the staff can do they *will* do." The bazaar is to be held on June 14th and 15th at the Royal Horticultural Hall, under the auspices of that most energetic body, the Ladies' Association.

South Dublin Union.

Inadvertently there was an error in the note on the above Union. The Tottenham Hospital deaconesses, who in past years had been responsible for the nursing on the Protestant side of the infirmary, have left for some years. This correction has been received from the Tottenham Hospital.

(Medical Notes unavoidably held over.)

THE MEDICAL JOURNALS

BRITISH MEDICAL JOURNAL, May 19th (429 Strand; 6d.; postage, ½d.).

Remarks on Lung Complications after Operations with Anæsthesia. By G. E. Armstrong, M.D.

Post-anæsthetic Acetonuria. By Lewis Beesly, F.R.C.S. Ed.

Subphrenic Abscess Complicating Empyema: Resection of Ribs: Cure. By Edward W. Archibald, M.D.

An Improved Method of Performing the "Pancreatic" Reaction in the Urine. By P. J. Cammidge, M.B.Lond., D.P.H.Camb.

Extroversion of the Bladder. By C. J. Bond, F.R.C.S.

Tonsillitis in Convalescence from Diphtheria. By J. D. Rolleston, M.A., M.D.

The Goulstonian Lectures on Auto-intoxication: its Relation to Certain Cardio-vascular Disorders. By H. Batty Shaw, M.D., F.R.C.P. (Lecture II.)

Acute Yellow Atrophy of the Liver following Influenza. By Oscar M. Booth, M.R.C.S., L.R.C.P.; and Jos. Williamson, M.B., Ch.B., M.R.C.S. Nasal Deformities and Paraffin Injections. By A. M. Dryden, M.B., Ch.B. Patency of Oesophagus Re-established after Gastrostomy. By A. V. Leche, L.R.C.P., M.R.C.S. Tobacco Poisoning in a Child. By Robert Bleasdale, M.B., Ch.B.

THE LANCET, May 19th (423 Strand; 7d.; postage, ½d.).

Three Lectures on the Preservation of Health amongst the Personnel of the Japanese Navy and Army. Baron Takaki, F.R.C.S., D.C.L. Lecture I.

Goulstonian Lectures on Auto-Intoxication: its Relation to Certain Disturbances of Blood Pressure. By H. Batty Shaw, M.D., F.R.C.P. Lecture II.

The Cheyne-Stokes Phenomenon in Acute Cerebral Compression. By Wilfred Trotter, M.S., F.R.C.S.

The Action on Bacteria of Electrical Discharges of High Potential and Rapid Frequency. By Alexander G. R. Foulerton, F.R.C.S., D.P.H., and Alexander M. Kellas, Ph.D.

Note on a Peculiar Form of Hæmoptysis with Presence of Numerous Spirochætæ in the Expectoration. By Aldo Castellani, M.D.

Hypertrophy and Dilatation of the Heart in a Child without Valvular Disease or General Adhesion of the Pericardium. By George Carpenter, M.D., M.R.C.P., and Theodore Fisher, M.D., M.R.C.P.

Ossification of the Fontanelles and Closure of Sutures at Birth—a Cause of Difficult Delivery. By T. Leahy-Lynch, L.R.C.P., L.R.C.S. and L.M., L.F.P.S.

A Note on the Influence of Antitoxic Serum on the Tuberculo-opsonic Index. By T. R. Bradshaw, M.D., F.R.C.P.

Extensive Rupture of the Liver without External Injury. By F. Seymour Lloyd, M.D.

A Case of Ligature of the Common Femoral Artery and Vein; Gangrene; Amputation; Recovery. A Case of Contracture of the Hand Treated by Resection of Portions of the Bones of the Forearm.

COMMON DRUGS AND THEIR USES

I.—Introduction.

By E. I. Spriggs, M.D., F.R.C.P.

DRUGS are substances used in the treatment of disease. The term drug is derived from a Dutch word meaning dry, and it is probable that it was originally used to signify herbs which had been dried. At the present day, however, we include under this heading all materials which are of medicinal value, whatever their origin may be, and in order to furnish the modern pharmacopœia, demands are made, not only upon the mineral and vegetable kingdoms, but also upon the products of animal life. Epsom salts, for example, is a mineral, opium is obtained from a plant, whilst the healing properties possessed by antitoxic sera are due to bodies which can only be manufactured in the marvellous laboratory of the living cell. Drugs may be solid, liquid, or gaseous, oxygen and chloroform being examples of substances which are administered in the gaseous form. Some medicines are chemically very simple bodies, such as the salts of mercury, or of iron, whilst others are exceedingly complex in structure, such as morphine or cocaine; and such substances as antitoxines are as yet beyond the reach of analytical methods, and can only be identified by the effects which they produce upon living structures.

A great many medicines are derived from plants. In some cases the plant, or part of it, is dried, ground up, and given as a powder. The jalap in the compound powder of jalap is an example in point. But more usually the plant is subjected to the action of some liquid, and this dissolves out of it the substance which has a medicinal effect, which is usually referred to as the "active principle" of the plant. Thus most tinctures are such solutions made with alcohol and water. Infusions, again, are made by extracting the plant with water, usually hot. If an alcoholic or a watery solution obtained in this way be evaporated down, the resulting mass is called an extract. Some extracts, also, are obtained from the juice actually expressed from the fresh herb.

Both tinctures and infusions, as well as alcoholic and watery extracts, contain, besides the active principle, a number of vegetable products which have no medicinal action in the body. Thus in the case of tincture of belladonna, which is made by extracting powdered belladonna root with water and alcohol, the active principle is atropine, which is present in the tincture, together with some of these other substances. The tincture owes its action, however, to the atropine which it contains, and this can be separated by chemical means from both the root and the leaves of the belladonna plant, and administered in the pure form. Atropine is an example of an important class of drugs known as alkaloids. They are usually derived from plants, and are exceedingly powerful. Morphine, cocaine, and strychnine belong to this group. It is obvious that in those cases in which it is possible to obtain the active principle of any herb in a pure form it is an advantage to do so, not only because we are then sure that the result which it is desired to produce will not be prevented by any accompanying impurities, but also because the dose can be more accurately measured than is the case with an ordinary tincture, infusion, or extract, for in these it is frequently impossible to be certain of the exact quantity of the active principle which is present. Unfortunately, in many cases the active principle of a drug cannot be separated in a pure form by the chemical means at present at our disposal, or even if a substance is separated its action may be found not to be identical with that of the herb from which it was obtained. The explanation of this is that plants sometimes contain a number of substances having a medicinal action, all of which are not yielded on extraction with water or alcohol, or with whatever solvents may have been employed. Such is the case with digitalis, and this is the reason why the tincture or infusion is more often used than the purer substance digitalin; for although digitalin is one of the active principles of the herb, there are two or three others, each of which plays a part in producing the effects exerted by this drug upon the circulation.

The careful study of the chemical compounds contained in plants, to which their effects upon living tissues are due, has led to great advances in the science of pharmacology, which treats of the action of drugs. It has been found that there is a definite relationship between the chemical structure of a compound and its pharmacological action. The study of this relationship is being prosecuted with great diligence, for it is evident that the more that is known about the real nature of these chemical bodies, the more likelihood there is of actually making the compounds artificially. To look forward to the manufacture of drugs in the chemical laboratory is no idle dream, for already some valuable additions to the pharmacopœia have been made in this way. Eucaine is a local anæsthetic which has been built up by the chemist. Homatropine is another artificial drug; and we owe the existence of both of them to the knowledge of the composition of cocaine and atropine which was arrived at by painstaking and exhaustive chemical research.

There are, therefore, good grounds for hoping that in the future chemical science will be able to make drugs which will, within limits, produce any desired action upon the tissues of the body.

Drugs are used in medicine to act directly upon some diseased tissue or organ, or by their action upon healthy tissues to benefit diseased organs indirectly. In the first case the drug may be applied locally, as when an ulcer upon the surface of the body is treated with an ointment, and when bismuth oxycarbonate is given by the mouth to form a protective covering for an inflamed stomach lining; or the drug may be carried to the affected part by the blood, as when bromides, administered to a delirious patient, are taken up from the intestinal canal into the blood and carried to the brain. Digitalis may be quoted to illustrate the second case in which a drug is given to benefit a morbid condition by acting upon healthy tissue. In valvular heart disease digitalis has no effect

upon the changes in the valves themselves. It acts by improving the contraction of the muscle fibres of the heart, or such of them as are healthy, and thus enabling the heart to do more work, to make up for that which is wasted by the incompetence of the valves.

We may now consider some circumstances which are borne in mind when medicines are being prescribed. Of these, age is perhaps the most important. Children are very susceptible to the action of most drugs, and infants especially so; in fact, the less medicine a baby has the better. It follows, however, that when it is necessary to give medicine to a young child or a baby, there is, owing to this very susceptibility, a marked response. The dose of a medicine for a child is often arrived at by the use of the formula $\frac{\text{age}}{\text{age}+12}$. For instance, if a dose of 24 grains of potassium citrate would be given for an adult, the proportion for a child of six would be

$$\frac{6}{6+12}=\frac{6}{18}=\frac{1}{3} \text{ of } 24$$

grains, or 8 grains. This rule is not, however, applicable to all medicines. Thus, the quantity of opium given to a baby would be less than that indicated by the formula, as this is a drug which is used with especial caution in the early years of life. In old age, again, it is advisable to give smaller doses of medicines than during the years of active adult life.

The size of the individual patient must also be taken into account. A dose which would produce a definite and sufficient result in a small person may require to be increased for a larger one.

Another important circumstance is the condition of the alimentary canal. If a drug possessing irritative properties, such as arsenic, is to be given, it must be administered immediately after a meal, for the arsenic will then be mixed with the food, and not so liable to produce a deleterious effect upon the mucous membrane of the stomach. Again, when it is desirable for any other reason that a drug should be absorbed slowly into the blood this effect is attained in the same way. On the other hand, substances which are to produce an effect upon the stomach itself, or which are intended to be rapidly absorbed, are given upon an empty stomach.

It is sometimes inexpedient to give medicines by the mouth, and it may be impossible, as in cases of obstinate vomiting. Under such circumstances the drug can be put into an enema and administered by the rectum. Many substances, especially those which are chemically pure, may be injected under the skin; the advantage of this method is that an accurate dose can be introduced with certainty into a situation from which it is in most cases rapidly absorbed. A few drugs, such as mercury in the form of Scott's Ointment, are absorbed when rubbed into the skin. Lastly, inhalation must be mentioned as a form of administration not only of anæsthetics, but also of such substances as antiseptic vapours, amyl nitrite, oxygen, and the fumes of stramonium.

(To be continued.)

INTERESTING CASES AND THEIR LESSONS

A RECENT number of *The Trained Nurse* records a case of abscess of the spine which ended fatally. The history of the case is as follows: A labouring man aged thirty-eight came to hospital complaining of pain in the back and limbs, of some months standing. The doctor who was called in previously said the patient was in a generally run-down, over-worked condition, and needed rest and good nourishing food, and he gave him a tonic of iron, quinine, and strychnine. The patient continued his work for a few weeks until compelled to stop, owing to the pain from an abscess just below the right shoulder blade, about one and a half inches from the spinal column, and another abscess six or seven inches above, and on the inside of, the left knee. There was much oedema, great pain, and profuse discharge from both abscesses. Temperature ranged from normal to 100; pulse was 100 for the first few weeks.

Several weeks after the first appearance of the abscess, the nurse found that on injecting the spinal abscess with sterile normal solution, there was communication between the two abscesses. The patient was now given iodide of potassium and light diet. Some more weeks passed, the patient of course getting worse and worse, and the pus increasing in amount; the temperature now ranged from 101 to 103. The wound was now irrigated with hydrogen-peroxide and dressed with bichloride of mercury. The temperature continued to rise until it reached 105°, and the pulse 124. Hypodermic injections of 1/60 gr. strychnine were administered every four hours. The surgeon in charge said the patient was suffering from necrosis of the eighth and ninth vertebrae, and offered to operate, telling the patient frankly that it was but a forlorn hope; he declined the operation and only lived eight days afterwards. Three days before the end the temperature rose to 106°, pulse 138, respiration 44.

The history is a typical one of tuberculous disease of the spine. Caries of the vertebrae occurs, pus forms and burrows between muscles or along the course of large vessels; then a psoas abscess forming immediately above the groin is a common result of caries of the spine. The pus can burrow in various directions, and has been known to reach the space behind the knee. Caries of the spine is a very fatal disease when it occurs in adults, especially after middle life, and an abscess is a very grave complication.

In these days of antiseptic surgery it is usual to make an exploratory incision and find out how many vertebrae are affected, and the extent of the disease, and if possible remove the carious bone and pack with iodoform emulsion and gauze, also to open and drain the abscess thoroughly.

As regards the nursing, great care and thoroughness would be necessary in irrigating and dressing the wound so as to keep it as aseptic as possible; the patient must be urged to take plenty of nourishing food, and the room kept well ventilated.

A QUIET DAY

(By the Matron of a Small Hospital.)

A KNOCK at my door and the housemaid brings in my cup of tea and bread and butter —for I am one of those people who find an extra quarter of an hour's sleep more sustaining than a good breakfast—and also my letters.

A glance through the letters just to make sure that there is nothing needing immediate attention, and then I must hasten down to see that very important person, the cook, and to write my orders for the daily extras.

Cook is all ready to receive me with the ward sister's diet lists, together with my notes of the number of patients and staff to be reckoned for; she also has a little array of "fragments" for us to discuss how best they should be used up, and the daily portion of meat just arrived from the butcher.

The scraps to-day are too scanty to make a supper for the nurses, but the fresh neck of mutton meant for the patients' dinner is more than will be required for the number on full diet to-day, so cook will cut off a piece before she makes their Irish stew, and with it will make a nice "toad-in-the-hole" (a favourite supper dish), and she will make a little mince of the scraps to send in with the nurses' dinner, as there is a leg of roast pork for them to-day and two or three cannot eat roast pork. I write the orders for some fish (for the patients on light diet), a fresh bag of potatoes, some rhubarb for the staff's pudding, and a case of soda-water; then there is the dispensary order which the theatre sister has sent up to be written out; we have no dispenser but keep a stock of drugs and do our own dispensing. The old porter is ready by now to take my orders down the town, and he is very clever at shopping, selecting the most suitable articles for our requirements, getting things repaired to the best advantage, &c.; before he returns he will call at the secretary's office down in the town for any papers, admission orders, &c., he also calls at the free library, and they send us a nice supply of the previous day's papers, and of the previous week's illustrated literature.

Having dispatched the porter I retire to my grocery store and put out the butter and other stores, and if the cook wants to tell me that the kitchenmaid has a toothache, or a ward-maid needs a tonic, or the dining-hall maid does not get up when she is called (and so the nurses' breakfast is late) she finds this a convenient opportunity.

I then make my way to the office, but the hall boy stops me with two or three messages he has had on the telephone (inquiries about patients, &c.), and that he needs instructions about. The night nurses then bring me their report books and I go through them rather carefully, as I think it is most important for nurses to learn to give good written reports, and some of them seem to find it so difficult to be concise, and yet to remember to remark upon every detail that it is important for one to know. For instance, I wonder how many young nurses remember when they first have charge of a case just operated upon for strangulated hernia to report the next morning whether the patient has passed flatus or not? and yet it is probably the first thing the doctor will ask the day nurse!

The next move is to go round the wards, first seeing the sisters and noting down anything they may wish to have attended to. This is only a small hospital, and there is no house surgeon, so most of the doctors like me to go round with them, and to be any help to them on their rounds it is necessary to take a close interest in all that concerns the welfare of the patients, though of course the sisters also go round with them to report and to receive instructions; if I go first to the men's floor there will be one or two knotty points to decide, as to whether A (a convalescent pneumonia) may go out in the garden; and whether B (a compound fracture of tibia) might be lifted on to the wheel couch, so as to go into the day room and have a pipe; and C (an old man with a crushed foot) must be told that unless he takes off his shirt and washes himself properly when the night nurse tells him to to-morrow morning he will be reported to the doctor and discharged; (C says that "them gals are that careless about leaving the windows open," &c., but finally promises to obey orders); and D (a nice engine-driver whose arm got caught in the engine, and had to be amputated) says he has a great favour to ask, and it is whether his stoker may come to see him once when his train waits here for an hour, as he cannot get off at the visiting time. Then to the women's floor, and I remember that the night nurse reported that E (a gastric ulcer case) had refused to take her milk and barley-water this morning; find E inclined to weep and to say she would rather go home than drink another feed, she is "*that* tired of milk and barley-water," I promise to ask her doctor if she may have her feeds flavoured with cocoa or tea, and on this condition she promises to take milk and boiled water (not barley-water) until he comes. F (a carcinoma of breast) has a kind letter from an old mistress offering to send her to a convalescent home as soon as she is fit—how soon do I think that will be? So I wait to see her dressing done, and tell her that I will ask her doctor if she may go in a week. G (a uterine case) is very anxious for me to get the doctor to fix the day for her operation, as she does not think the woman who is minding her baby will keep it very long, and I promise to speak to the surgeon, though I know he wants her to "rest and feed up" for a little while first. Then to my favourite corner of the hospital—the children's ward, and it is difficult to get away from it again. The babies are all in the contented condition of having had their lunch, and being anxious to play, and the bigger ones have new toys to show me that "my muvver brought me," and requests as to whether they may go out on the balcony in their cots. It is now 10 a.m. (or after) and the doctors begin to come round; in the intervals of going round with them I sort the papers that the porter has brought from the library, and send the hall boy round with them to the different wards and to the staff's sitting-rooms.

Then I go round the bedrooms and remind the housemaid about getting ready for any private nurses who may be coming in, or about any nurse leaving for her holiday, &c. There are the daily books to write up, new patients (and all particulars about them) to enter in the register; a book of admissions and discharges filled up, together with the number of patients, nurses, and servants sleeping in hospital; a record of the daily consumption of gas and electric light (the night sister reads the meters every morning and leaves a note thereof in my office), and if any ward, or other part of the hospital, has used too much I make a point of looking out for unnecessary lights left burning the next night.

Once a week there are the bills to check and sign and to enter up in my household account book. I turn next to my correspondence, two letters (both untidy and one badly spelt) from young ladies who wish to become nurses, and want to begin at once—send them the probationer papers and application forms endorsed "no vacancy for six months." An application for a private nurse for a maternity case next month, and at the same time a telephone message from the fever hospital asking if I can send them a night nurse for a case of diphtheria; the private nurse I have free to-day happens to be the one who will have to take the maternity case next month, so I cannot let her go to the fever hospital—must send one of my ward nurses (several of them are glad to get a little fever work, and the matron is always glad to have them), and let the private nurse take her place in the ward and "keep clean" for next month. It is twelve o'clock and the patients' dinner bell rings before I have finished my letters, but the patients' dinner is such an important event in the day (to them) that it must not be disregarded, so I hurry off to serve the meat (it is Irish stew to-day, so does not need carving), and to see the cook apportion the fish, vegetables, and pudding to the different wards with the assistance of the ward maids, and then they wheel off the trolley with the hot tin dishes to the wards.

There is generally just time to go to the dispensary and make up the medicines (unless another doctor comes in), and then at 12.30 the nurses' dinner bell rings, and I preside at their meal. After this, if things are quiet and I do not need to go and see anyone in the wards, I take a little quiet time in my room and enjoy the paper.

On one or two afternoons of the week we have operations which keep us all busy till tea-time, or later, and it is an old custom with us that when we are kept late in the theatre the sisters come and have tea with me afterwards (as soon as their patients are comfortably settled and a nurse free to sit by them) instead of keeping their own tea waiting.

On two afternoons of the week the patients' friends are admitted from three to four, and I always try to stroll round the wards while they are here, as I think it is well to get to know the friends, and they often like to ask me a few questions about their own sick one.

If it is neither operating day nor visiting day there are various other ways of employing the afternoon; first of all I remember that the doctor in charge of that poor fretful gastric ulcer case did not call this morning, so I telephone to ask his leave to vary the fluid diet a little, and he gives me leave, adding Mellin's Food to my requested increase of flavouring for the milk; he had been too busy to call this morning, and so inquired about one or two of his patients, altering the medicine of a rheumatism case who had got beyond the stage of sodii sal, and promising to call to see them all next morning. I go to make up the medicine he ordered, and then finish up my work in the office, or rather finish the most essential part of it, for, what with preparing lectures for the probationers, selecting new probationers, private nurses and servants, writing testimonials for old nurses, preparing my "wants" to lay before the various committees, keeping inventories of the linen, &c., &c.—the office work is never really finished.

Next I pay a visit to the laundry, where two maids find plenty to do in washing for a household that varies from fifty to seventy-five, and occasionally they want a little help towards the end of the week so as to keep up to time.

The sewing-room is the next outpost to be visited; here a maid is kept constantly employed making and mending for the wards, and making the uniforms for the nurses and servants; she tells me that she wants some more material for the servants' aprons, and that the sewing machine is again out of order and needs attention; I make a note to order the material and to send for the machine repairer next morning. Then I may need to spend a little time in the china store, putting out crockery to replace breakages; or in the surgical storeroom, to see whether my stock of lint, bandages, &c., needs replenishing, and if so go and look up which firm we have found to supply that particular dressing to the best advantage. At four o'clock I find tea ready for me in my room, and generally a caller or two, and at five o'clock (if there are any vacant beds) the new patients are admitted and the hall boy comes to ask me to see them and decide which may walk to the wards and which he is to take on the wheel stretcher. About 7 p.m. I go round the wards (after the evening temperatures have been taken), and then generally have to telephone for advice about new patients admitted to one or two of the doctors, who will have to come up and see them if they are bad. Evening prayers are read in the wards at 8 p.m. by the sister, but if the sister is off duty the nurses often ask me if I can stay and read the prayers for them.

I have supper with the nurses at 8.30, and at 9.30 (when all the staff must be in the hospital unless they have special "late leave") we have a hymn and short prayers for the nurses and servants in the dining-hall. After this the nurses generally have a little music, but soon go off to bed, and their lights must be out by 10.30; but occasionally after prayers the sisters come along to my room, and—shall I confess it?—we have a quiet rubber of whist together before they go to

bed at 10.30, and the night sister comes to report "all lights out in the house," and to take me to the wards for a final look round. I do not always go all round if the nurses report "all asleep," but I always speak to any patients lying awake at that time and see if there is anything we can do to make them more comfortable, and I always have a look at all the operation cases; and I make a point of speaking to each of the night nurses. I find this a good opportunity to talk to them about any fresh case that has come in, or interesting operation that has been performed, and can soon find out whether they are taking an intelligent interest in what is going on and are alive to the points of interest, and to the symptoms that they must be on the look out for.

It is now 11.30 p.m., and I am glad to turn in; there is no one particularly bad to-night, so I do not think it is likely I shall be called up, but one never knows, as accidents and bad cases come in at all hours of the night, and there are not enough nurses on night duty for them to tackle extra work and bad cases without help. Though there have been no exciting accidents or other things to make us especially busy on this particular day that I have recorded, there is always plenty to occupy me and to think of even on a "quiet day," and next week I will tell you of a day that is *not* a quiet one in the hospital, and of the stirring incidents that have to be fitted in together with these duties of "the daily round and the common task."

R. R. C.

HOW TO NURSE A CASE OF ADVANCED PHTHISIS IN A SINGLE ROOM

(This essay won the prize given by the "Queen's Nurses' Magazine.")

In attending an advanced case of phthisis, in a single room shared by another person, the first thing I should do would be to have removed all superfluous furniture, all pictures from the walls, and all pieces of carpet or matting from the floor. I should direct the floor to be washed over daily in a solution of Jeyes' fluid or some similar disinfectant. As to the furniture, instead of being dusted in the ordinary way with a dry duster, I should have it wiped with a cloth wrung out in the disinfectant. For purposes of expectoration the patient should be supplied with pieces of clean rag, to be burned directly after using. All utensils needed by the patient should be kept solely for the patient's use, spoons, basins, cups, or feeders being *boiled* at least twice a day. The bed-pan should be emptied *at once* after use, and left with a solution of Jeyes' standing in it. When the patient's body or bed-linen was changed, I should put it straight into a vessel containing Jeyes ready at the bedside, there to lie in soak until taken out to be washed and boiled.

If the other person inhabiting the room was *obliged* to sleep there (this, of course, I should try to prevent) it would have to be in a separate bed, as far from the patient as possible, taking care also, that it was not between the patient and the fireplace, as the draught towards the fireplace would bear with it all the impurity of the room. I should also advise that person to take good nourishing food, to wash down all over daily, also to wash the mouth out with boracic lotion before and after eating, and if at all possible to take daily open-air exercise.

If food had to be kept in the room, I should have a sheet dipped in a weak solution of Jeyes, hung before the door of the cupboard in which it would presumably be kept; and, if possible, the dishes containing it should have covers. Milk I should have covered over and placed on the window-ledge.

The patient I should sponge all over twice daily in a solution of Sanitas, keeping a piece of blanket to place under the patient while I did so. I should change the night-clothes (which should be made of flannel, open half-way up the back, so as to be the more easily taken off and put on) and bed linen changed very frequently, daily if necessary, having all clean clothes airing and warming at the fire, whilst I washed the patient. The bed-clothes should be light and warm; instead of a counterpane I should use a sheet, as this possesses the advantage of being easily washed and boiled.

I should wash the patient's mouth out with boracic lotion, and should leave directions for this to be always done before and after taking food. I should pay special attention to the back, elbows, hips, heels, and ears of the patient, and if at all red or tender, should rub them with methylated spirit after washing. Of course, if it could be procured, I should have the patient on a water-pillow. The patient's bowels should be moved at least once a day and this result should be obtained, as far as possible, by diet, not aperients. The temperature of the room should be kept at 60°, and, unless the weather was very hot, there should always be a fire. In cold weather the patient's feet should be kept warm by a hot-water bottle.

The diet should be liberal, consisting of milk, cream, eggs, fish, and nourishing soups; good port or other wine, if ordered by the doctor. Ripe fruit should be allowed in moderation. The patient should have something every two hours, and all food should be served nicely and appetisingly. If the patient left any, it should be removed and burnt at once, never left standing, and never offered to the patient a second time.

As to ventilation, I should have the window of the room taken right out in fine weather, protecting the patient from draughts, if necessary, by a screen, or a clothes-horse with a sheet thrown over it would do. In stormy weather I should have the lower half of the window put in; and the same in foggy weather, with the addition of a piece of muslin stretched across the open half.

It is stated that a doctor has discovered a process by which gold may be rendered of sufficient hardness to be made into surgical instruments. Gold instruments can never rust, are not porous enough to harbour germs, divide tissue more cleanly and evenly than steel, and leave no scar from a wound.

THE HISTORY OF NURSING IN SYRIA

By Edla Wortabet.

II.—The French Hospital.

For very many years the Sisters of St. Vincent de Paul contented themselves with a very small hospital and dispensary, but in the year 1888 a big Government grant was given to the Jesuits to found a medical school, and one to the Sisters of St. Vincent de Paul to build a hospital which was to be attached to the school of medicine, so that when they began the school and hospital it was not done gradually, but with a flourish of trumpets. Highly-paid young French doctors arrived from Paris, and with the help of the priests soon worked up large practices and big reputations. Their facilities were great, for, as I have

Miss Wortabet and some of her nurses.

stated before, a large majority of Syrian Christians are Roman Catholics, and nearly thirty years of French schools had prepared the soil, for many Syrians can speak almost perfect French; in fact, the diplomatic, the commercial, and the social language in Syria is French. Not only that, but the French School of Medicine offered a very great advantage over the American one. For it had obtained from the Turkish Government the power of giving valid diplomas, which enabled the holders to practise without having to go to Constantinople and pass a second examination.

As to the French Hospital itself, I cannot speak too highly of it. It is built on the pavilion system, each ward being separated from the other by a plot of garden, most beautifully kept, a colonnade running all round to connect the wards. There is a very fine operating theatre, with anteroom for the dressings, sterilising apparatus, &c., and an anæsthetizing room, a dispensary (the dispenser being a sister), a lovely chapel, always beautifully decorated with palms and natural flowers, and a maternity block. The wards are large, beautiful, and airy, and kept with perfect order and precision.

The Sister Superior is one of the most charming, saintly women I know, absolutely unconscious of any sense of her holiness, and, better still, not bigoted. She used to exchange visits with Sister Louise Breyner at the Prussian Hospital, and when I was trying to reorganise the Greek Native Hospital she gave me every possible help, and came to see me at my hospital. She brought several nuns with her, and asked me to show them over the hospital. We had had a big operation that day (a splenectomy), the nurses were busy clearing up, and I was naturally keeping an anxious eye on the patient, and, though it was four o'clock in the afternoon, my table was still set, for I had had no lunch as yet. I shall never forget the good sister's astonishment when they discovered I had had nothing to eat since early breakfast. "Seigneur!" they said, "Quel dévouement!" I believe it went to their very souls to think that I was a laywoman and a Protestant, not even a *deaconess* (deaconesses stood fairly low in the esteem of the zealous ones, for had not several of them in Beyrout married the pastors?). What wonderful women nuns are when all is said and done! Think of giving up one's liberty for life, wearing the same garments year after year, submitting one's self to discipline, to hardships, and humiliations, and all for *life*!

Still, good, worthy, saintly women though they be, and though their hospitals at Beyrout, Alexandria, Egypt, Cairo, Constantinople, Bordeaux, and Paris are infinitely the best in comparison with either the lay municipal hospitals or those I saw nursed by the Sisters of St. Augustin or St. Navers, yet there is no question about their nursing system being a deplorable one. It is the system I attack and not the sisters. Here again, like the Prussian deaconesses, they employed their orphans (those who were too stupid to become teachers or do fine needlework) to do all the dirty ward work and general attendance on the sick. Each sister has charge of a ward, and her nursing is very limited, for it is only certain parts of the body they may nurse, the rest of the work being done by students. They never enter the operating theatre, except for very simple matters, and as to the maternity block it is only the Sister Superior who crosses the threshold, and that only when the coast is perfectly clear!

Their male and female attendants and the students share the sisters' and deaconesses' work. Night work is a very unequal and irregular thing. The attendants sleep in the same wards with the patients and get up when necessary;

occasionally, in very bad cases, a sister may sit up part of the night.

But I think that I have said enough to prove that it is the system and not the sisters who are at fault, and that such methods limit and tie in bondage the progress of nursing.

St. George's Hospital.

At the age of twenty-one I returned to Syria, after having finished my education in England and visited my friends and relatives. Beyrout was then at its very zenith of wealth and activity. Balls, concerts, theatricals, races, paper-chases went on all the winter. The rich people lived in ostentation and luxury, and life was merely a whirlpool of gaiety. Sometimes entertainments were given in honour of crowned heads and royal princes, such, for instance, as the German Emperor, H.R.H. the late Duke of Edinburgh, the late ex-King Milan, Admiral H.S. Highness Prince Louis of Battenberg, &c.

With all the energy of my nature I threw myself into the whirlwind of this miscellaneous society for several years, frequently dancing till 4.30 in the morning (I have often since thought of those nights when I have been watching by the bedside of a patient!), when suddenly, in the midst of it all, illness, sorrow, and death came into our family, and we were faced by the fact that we knew nothing about nursing ourselves, and that there was no one to come and help us, either for love or for money.

The deaconesses were understaffed and overworked, and never went out to nurse, the Sisters of St. Vincent de Paul were bound by their rules and regulations, so practically, as far as the public went, there was no such thing as a nurse to be got in the country.

It was during those nights of darkness and anxiety that the thought struck me that I would get trained as a nurse and turn the Native Hospital into a training school for Syrian nurses. It took me exactly twelve years before I was enabled to start my project! Five years of opposition at home and eight others after I started my training. Experience opened my eyes to the fact that nursing was really an intricate art, and one which must be based on *knowledge*, the higher, the more intellectual, the better.

After eight years' absence I returned to Syria. I do not claim to be the first to train Syrian nurses, for during my absence others had done so. At Damascus, at the British Hospital, Dr. Mackinon had two nurses; at the Friends' Hospital at Brumana, in Jerusalem, and in Tiberius pioneer work had begun, but the main point was that they were British hospitals, and that they were missionary hospitals, *i.e.*, they (like nursing religious orders) nursed the body in order to get at the soul.

What I did and steered for was to undertake the only native hospital in the country, supported by themselves, organise it, shape it, and turn it into a *training school* for Syrian nurses. They were to be lay nurses, and the work was to be on broad, humanitarian lines; in one word, it was to be the accompanying profession to that of medicine, and was not associated with religion. When I took over the hospital it was a strange place; there was a fine building, beautiful surgical instruments and beds, the doctors were all natives, some being my father's pupils, and some from the French school, while another had studied in Paris. The nursing staff consisted of a nun of the Greek Orthodox Church, a few old witches, and some evil-looking male attendants. The committee belonged to the middle class; the rules and regulations were a medley of things seen at the Prussian and the French hospitals in Beyrout and the municipal hospitals in Paris, combined with Syrian customs and ideas.

It took all the pent up purpose of twelve years' waiting, all the knowledge of eight years' experience in England of two hospitals and an infirmary, in addition to a strong sense of the ridiculous to face the question. The medical staff, the committee, the nursing and domestic *personnel*, and the nursing requisites, as well as the linen, had to be coped with. In fact, the place was so bare of furniture that for the first two months I had to sleep at home and take my lunch with me in a basket.

Finally, I furnished a bedroom for myself and a sitting-room, a dormitory for the nurses, and a room which they used for their meals and study hours. The nurses and myself entered the hospital on the 1st of the year.

I managed to get five nurses to start with, and put them in uniform at once—blue cotton frocks and Sister Dora caps. They were girls who had been brought up in mission schools and who had received an elementary Arabic education, as well as a smattering of either English or French, and so broad-minded were the committee that they never inquired either into the religion of the nurses or that of the patients, so that frequently we numbered between us eight different religions and sects, *i.e.*, Anglican, Greek, Orthodox, Greek Catholic, Roman Catholic, Nazarenes, Jews, Druses, and Moslems.

My success in this work I consider was due first to the virtues of my father and the services he had already rendered to the country, and secondly to the money which my rich Syrian friends gave me. They opened their purses so generously that in two months we had £200 worth of linen, in six months a laundry and out-patients' department had been built, and well within the year we had the operating theatre fitted up with the costliest apparatus France and England could produce. Perhaps what touched their hearts most was that my father had not allowed me to accept a salary. At first they rolled their eyes heavenward in holy horror at the thought of unmarried young girls nursing men and attending operations, and they opened their eyes wide when they met me at entertainments in evening dress, and saw me ride a bicycle. It was indeed a new way of nursing the sick—to show the devotion, the humility and sacrifice of a nun, and yet not be a consecrated woman. Soon, though, the work told

its own tale; the testimony of the doctors and the patients was surprising. Patients who had been at the other hospitals proclaimed aloud that the nursing at the new hospital was something amazing. The nurses were full of enthusiasm, and they grasped the situation with all the zeal of youth.

Perhaps most touching and astonishing of all, was the fact that the rich, who had so far spent their lives in dressing, gambling, and pleasure-making, came to the hospital and gave me every assistance. One of the chief notables became president of the committee, and, better still, we formed a ladies' committee, who undertook to provide the linen and furniture and all household matters, and every now and then we had the two committees meeting together and discussing general questions.

To consider how wonderful all this seems one must look back and think of the position women held only forty-six years ago, and that the mothers of the present generation can neither read nor write. In fact, I found the training of the nurses and hospital reorganisation easier in Syria than in France, where religion, politics, and social customs have more influence. The Syrians are developing fast, and yet they are hampered in every way by a Sultan, who prevents every advance in civilisation, even down to a telephone, which he looks upon as the devil's invention.

Before closing I wish to make a special mention of the sad death of Miss Wood, matron of the Friends' Hospital at Brumana (Mt. Lebanon). She and a native nurse were driving a patient to another village; the horses jibbed and fell over a precipice and all three died, Miss Wood injuring the base of her skull. They were both brought back to Brumana in their coffins, and were buried side by side in one wide grave—the English nurse and the Syrian nurse—the matron and her probationer.

A SENSE OF PROPORTION

An American journal quotes an interesting paragraph from Miss Isla Stewart's recent paper on "The Twentieth Century Matron":—"A sense of proportion is one of the qualities which, like a sense of humour, men think belongs exclusively to the male mind. I do not know how common it is with men, but I know it is curiously uncommon with women. It consists in seeing each person and event (including ourselves) as they stand in relation to each other, as they might appear if we looked through the wrong end of the telescope. No woman can have it who is always watching other people, and no woman can have it who is always watching herself. It is a peculiarly difficult quality for a matron to develop in her own hospital, it is really practically impossible. There she is deferred to in every particular, her wish is law, everyone rises when she goes into a room, and naturally she is apt to get to think herself a little god, and she is perhaps the only person who does not see the tin wheels. She can really only acquire this quality by going out into the world and rubbing shoulders with men and women of other, and, if possible, larger interests. This she should do as a duty, both to herself and to the hospital, for no one can be either just or generous who cannot see the relative positions and values of persons and events. I have heard matrons praised who almost never went out: 'Think of the devotion to her work,' say they. Heaven help the hospital, say I, for vain is the help of man."

MENTAL NURSES

At a recent meeting Dr. Harding opened a discussion on the *Training and registration of the asylum nurse*. After stating what he considered ought to be the minimum training of an asylum nurse, he mentioned that a three years' course of training had been in existence at Berry Wood for sixteen years, but that only about 16 per cent. of the nurses who entered the service gained the certificate. He spoke in strong terms of the inadequacy of the system of training and examination of nurses carried on by the Medico-Psychological Association. He pointed out that the only thing in which there was uniformity was the written examination—the least important method of gauging a nurse's efficiency. There was, however, no uniformity in the more essential parts of the examination, while the candidate might actually have had no practical sick-room training at all. He affirmed that the ignorance of some holders of the certificate proved this fact. The value of the certificate was therefore indefinite, and conveyed no indication of the knowledge and experience of the holder, who might be well equipped for her work, or who might be the reverse. Thus a great injustice was done both to the able and well-trained women holding the certificate, and to the public, who had no satisfactory guide to the capacity of the nurse they might employ. It was therefore absurd to claim that the restriction of the right to register to the holders of the Medico-Psychological certificate was any guarantee of efficiency, but rather the reverse.

While recognising and giving full credit to the Association for their past work with regard to nursing, he urged the unfitness of a self-elected body of medical men to act as the sole arbiters to decide what the training and examination of a mental nurse should be. It was absurd that no one, however able and interested, should have anything to say on the question of the nursing of the insane unless he or she were a member of the Association. Its Education Committee contained no representative of the public, of general nursing, or of the mental nurses themselves.

He referred to the Report of the Select Committee of the House of Commons on the registration of nurses, and pointed out the different treatment allotted to hospital nurses as compared with asylum nurses. He advocated the representation of asylum matrons and nurses on the central body, and held that this body should exercise the same supervision over the training of nurses in asylums as under a registration system it will do in hospitals. He also argued that it would not tend to progress in nursing if the qualification for registration in nursing mental cases were restricted to the Medico-Psychological certificate. He supported the view that the qualification for registration should not be restricted to any one certificate, but should be such as might be approved by the central body, thus approximating asylum nursing training to that of hospitals.

WOMAN'S WIDER WORLD

It was indeed an event to be remembered, the deputation of women on Saturday last to the Prime Minister of Great Britain on the subject of women's suffrage. Sir Henry Campbell-Bannerman is a politician and not a woman, and he could not promise to introduce a suffrage bill at an early date, but his openly expressed sympathy and the very fact of his receiving the deputation with all respect and formality has a significance which the majority of the women of our country perhaps do not understand. One day the many women indifferent to the question will wake to realise the victory won for them by others, the obvious rights of citizenship given to them at last, as they have been given for years to the women of some of our colonies.

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This official recognition of the suffrage party marks a great epoch, the next will undoubtedly be the granting of the suffrage. The great hall of the Foreign Office was packed with women, and speaker after speaker, from the university woman to the millhand, urged in calm and forceful fashion the natural right of woman to a share in the government of the country as a human being, as a worker, and as the mother of the next generation. Sir Henry, as Prime Minister, urged patience, and there were women in the audience who had already waited a lifetime; but he encouraged the party to work on, and expressed in no doubtful terms his own personal sympathy.

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This cold comfort was followed by warmer encouragement from Mr. Keir Hardie and Mr. Cameron Corbett. Among the women present we were glad to see the nursing world represented by a matron, Miss E. M. Barton, of Chelsea Infirmary, by a former matron, Mrs. Bedford Fenwick, and by Sister Kerrison, formerly for many years at the Seamen's Hospital, and now a member of the West Ham Board of Guardians.

* * * * * *

Afterwards a meeting was held at Exeter Hall, attended by many hundreds of women. The aristocrat pleaded side by side with the factory worker for justice to women, but the factory worker had the more powerful argument. "We," said she, speaking for thousands of underpaid women workers, "we cannot have patience; we *cannot* wait when others are starving. The vote to women will mean political power to gain better conditions." All spoke with fervour, but the most telling point of the meeting was perhaps that men like Sir Charles Maclaren, Mr. Lief Jones, the Hon. Geoffrey Howard, Sir Wilfred Lawson, Sir John Rolleston, and Mr. Walter Maclaren, some of whom have for years braved the ridicule that is crueller than enmity, urged with all their heart the justice of the measure that seeks to give representation to the larger half of the population. Enthusiasm was universal at the encouraging prediction of Mr. Walter Maclaren that the suffrage would be granted by the present government. It was a never-to-be-forgotten day, and we honour those who have fought and will fight till the victory is won.

* * * * * *

Nurses, as members of a large and powerful profession, should set an example in at least studying with an open mind the question of woman's suffrage. Literature and all information may be had from the Secretary, Central Society for Woman's Suffrage, 25 Victoria Street, S.W.

* * * * * *

The Women's Co-operative Guild, at its spring conferences, held in five different centres recently, has had under discussion a paper on "Medical Inspection as a Basis for the Feeding of School Children." The main interest in the conclusions arrived at lies in the fact that, with few exceptions, the members of the guild are the wives of working men, who, by thrifty co-operation and mutual education, have raised themselves in social well-being and intelligence above the ordinary level of their class, women who come at close quarters with the hard facts of life, and who yet have learnt to think broadly upon social questions affecting the workers.

* * * * * *

The main argument of the paper, which was in favour of medical inspection and, when ordered by the doctor, State feeding, did not receive unqualified support. Self-respecting women, who have successfully brought up their own children on small means and without State aid, view with disapproval the idea of interference with "parental responsibility." On the other hand, the majority were wise enough to realise that in a state of society which makes it impossible for large numbers to provide food for their children, the cry of parental responsibility is a "bogey in the way of progress," as one speaker expressed it. There was general agreement, however, on the advantages of medical inspection, and a strong consensus of opinion was expressed that such inspection should be largely in the hands of medical women or trained nurses. A gentleman visitor—one of the few who spoke—went so far as to say that nurses were even better for this work than doctors of either sex.

* * * * * *

Last week, by a terrible accident, the world of women workers lost a very enterprising and hard-working member. Mrs. Ada Ballin, who was killed by a fall from a window, was the editor of three well-known journals, *Womanhood*, *Baby*, and *Playtime*, journals which owed their inception and success wholly to her boundless energy and persistence. She was much interested in nursing matters, and arranged several interesting professional exhibits at her recent Health and Beauty Exhibition.

* * * * * *

An institute has been formed for women accountants and bookkeepers, which grants diplomas and admits members experienced in accountancy. Already 300 women have joined. The address is 41 Temple Chambers.

A LITTLE PAGAN

By E. Cooke.

THERE was nothing cheerful about the long ward at night-time, save where, penetrated by the confined rays of a shaded lamp, the darkness was softly palpable, and almost seemed as if, touched by an inquiring finger, it would retain an impression in its subtle smoothness.

The pretty plants and flowers which had made the place so cheerful during the daylight hours, had been banished to remote spheres and a purer atmosphere. The snowy counterpanes, too, had been spirited away whilst she slept, thanks to a careful manipulation of details in view of a decreasing subscription-list, and the working expenses of a steam laundry which did not decrease in proportion.

Suddenly and intensely awake, the child realised the difference in her surroundings without in any way being able to account for it. Under the merciful influence of a powerful narcotic she had slept for a number of hours, but, notwithstanding her hyperconscious waking state, the power to deduce was in temporary abeyance, and these momentary surroundings impressed her strangely, as miraculous and even permanent.

The impassive-faced woman, becapped and grey of hair, sitting motionless in the pale circle of light, described by a carefully shaded lamp, differed in no essential from the exciting mystery of her environment. In some undefined way the child felt that there was a nameless something between this woman and herself: that each was conscious of the existence of the other—a live thought running like an electric thread between them—and the feeling grew into a sense of irritation. She closed her blue eyes tightly for a few minutes and then opened them slyly. Here and there the blurred outline of a form curled reposefully beneath a scarlet rug, and the face of the woman nearest her stared out with some distinctness, a somewhat remarkable face, with well-marked brows, and cleanly cut features, and beauty of a certain insiccant type, the heavy black hair drawn back from the narrow brows, giving a Beardsley-like effect which held the child's eyes with a grave fascination, until a feeling of unreality crept upon her—a dreamlike sense of mirage. She even touched one rough little hand with the other, as though suspecting some fantastic trick of her bewildered senses. They met diffidently, but warm and reassuring, and memory, struggling for her lost supremacy, began to assert herself, and, succeeding in part, reproduced pictures startling in their living instillation to her tense little brain.

Now it was the mean little room, high up in a squalid tenement, the worn mother, with her thin, high-pitched cockney treble, the scantily-clad, weedy little sisters and brothers. Now the small damp scullery of the great house, where she had worked from early morn until the footsteps of the wayfarers became few and farther between, and the stars glowed silently in the glimpse of sky above the iron grating.

Here they ceased abruptly—a hopeless chaos, and her hands wandered tremulously over the scarlet rug as if in search of a missing thing. At work once more she fingered some of the dishes lightly—they had wonderful designs thereon which eluded her pursuing fingers—gilded monograms, painted butterflies, and gorgeous flowers. They are favourites, these, with a heavy cream appearance, and a bewildering design of interlacing scarlet and gold, and these, of a delicate green picked out with glowing *fleur-de-lys*. Now she polishes them vigorously with her roughened, chapped little hands, until they glow again with smooth surface, and the child dreams amidst her work, as the child in the cellar dreamed and wove her life of dreams, which were glorified Cinderella fairy tales, and had no substance or semblance of reality in them—dreams of children who resemble nothing so much as wonderful flowers in the exotic daintiness of their array, of women who are altogether celestial and indescribable, and of devotional, clean-shaven men, a black-coated and insignificant, but apparently indispensable background for these marvels of magnificence. But now her hand caught at her throat with a tearing movement, the impassive-faced nurse came forward swiftly, but the child repudiated her services with a smile and an impatient gesture, and voices grew into the silence, at first low and indistinct, later more clearly enunciated.

"Diphtheria, and a bad case. May require surgical interference any moment."

The reply came, fragmentary and less clear. "A little kitchen help whom we never even saw. Defective drains, of course. Have evicted my wife and family in the height of the season. Better see the girl. Feel responsible—in a way."

The door swung back, the silent woman carried the lamp nearer, and the devotional background, unused to the sight of suffering, looked down pityingly at a small, girlish face, with flushed cheeks, and thin nostrils, dilating and quivering with the effort of breathing.

There was an ominous paleness around the scarlet lips, but there was recognition in the live, alert eyes. "You know me?" he said, surprised. "I never saw you before that I can remember."

His presence required accounting for, but it helped her to recall things. She put out one roughened little hand politely.

"You are, André says you are, the man that pays."

He caught the expression with some amusement, reflecting that no man is a hero to his *chef*, whatever he may be to his valet.

"The man that pays," he repeated, softly. "I am also the man that sometimes gets more than he pays for."

"More?" she said, anxiously. "More?"

He paused bewildered, and at a momentary loss.

"I have seen your mother," he said, softly, by way of changing the conversation, "and the children. You should . . . have seen the baby smile at me."

It is sometimes hard to watch—even when a life depends on the watching.

'CAMP' COFFEE

is a boon to nurses, thousands of whom are ready to testify that one cup—made in a moment—by the simple addition of boiling water, will brace the strained nerves, relieve the tedium, and make the latter half of the night (so generally dreaded by nurses) seem shorter than the first. Give it a trial.

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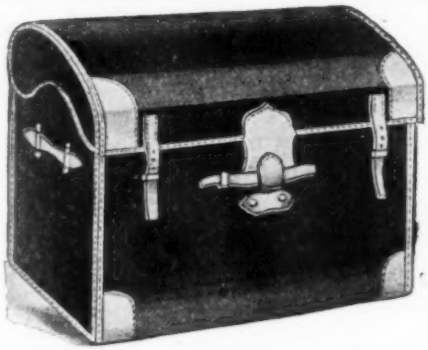

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A much Stronger Frame	17/11	19/11	21/6	25/6
Heavier Frame, Stouter Canvas, Leather Corners, as illustration	—	25/6	27/6	30/0

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"He's not pertic'ler," she said, indifferently, "who he smiles at."

Perhaps it was sympathy, or perhaps her cockney shrewdness actually saw the joke, for she followed his smile with a piteous little burst of hilarity, and the silent woman looked reproachful in the interest of her sleeping charges.

"That," she said, gasping, "was the worst I ever did." He nodded, apparently comprehending, and her fingers clutched each other nervously. "It wasn't really stealing," she explained. "There were things which nobody wanted, and he was always hungry."

"They always are," he said, soothingly.

"It isn't as though I am pertic'ler fond of 'im," she went on, softly. "Not fond enough of 'im for *that*, but he belongs to us, and we've got to bring 'im up."

"I shan't get better," she went on, after a pause. "Someone said so, but I seem to forget how to remember. Wot's it matter? They puts you on a white nightgown and gives you lilies, mostly, I've seen 'em."

"When you get well, you shall have lilies," he said, appalled.

"Don't want them. They'd die," she said, mutiriously.

"Then you shall have more. As many as you can see."

"They'd die, too," she said, whimpering sullenly.

"What would you like? Anything I can get? Only say?" he asked, coaxingly. She lay with closed eyes for a minute, and opened them full of malicious laughter.

"Diamonds and chains, and bangles and pretty frocks, and gardens and flowers, and china and horses and carriages. . . ."

"Evidently," he said, seriously, "you were intended by Nature for an American heiress. Look here, little woman, get well, and we will try an instalment."

But the paroxysm caught her again, and held her in a merciless grasp. Together with the silent woman he watched with strained lips and gripped hands.

"I fear that no operation will be necessary," said the silent woman, softly.

His heart contracted. "Ought there not to be a clergyman, or a prayer, or something?" he asked, with dry lips.

The woman motioned him to silence, but the girl caught his words, and folded her hands devoutly. He bowed his head reverently, and the childish treble rang out, clear, shrill, and tremulously sweet.

"Save 'im victorious,
'Appy an' glorious,
Long to reign over us. . . ."

Let us have faith that right makes might; and in that faith let us dare to do our duty as we understand it.—*Lincoln.*

IN THE DARK

Yet in the dark I live my life,
My own—to make or mar;
Up to high heav'n I upward glance
And wonder from afar,
And from the blue I dimly watch
The falling of a star.

To think and feel, to feel and pray—
To pray—when times are best.
Oh, dearest God, yet hope is dim
And life is sharp unrest,
And groping darkly in the void
I seek an endless quest.

Life is but thought—my thoughts are mine,
My own—though sad or fair;
So think I will, while youth is strong
And framed to do and dare,
I'll weave my dreams in fancy garb
And laughing mock at care.

For life is hope, while life is young
The current free and strong;
Then as a skiff with sail unfurl'd
I, thoughtless, float along.
The pulses quick with surging life
And hopeful happy song.

Yet fate is sure and life is real
And dreams take eagle flight,
They come nor stay at instant call
But vanish in the night.
Then in the dark I moaning lie
And sigh me for the light.

So in the dark, great God of all—
No stars—no sun to shine—
I cry to Thee for strength to bear
Nor feebly to repine;
But through my dreams or darkest hour
To feel that I am Thine.

Hardly a room in the larger American hotels is now cleaned by means of the time-honoured broom and feather duster. The dust and dirt are removed by means of air with infinitely less physical exertion and with far greater rapidity. From every room pipes pass through which the dust is sucked down into the cellar without allowing the slightest particle to escape to the atmosphere. So rapid has been the development of this sanitary system of house-cleaning that even dwellings and small office buildings, although not provided with the elaborate piping system of the hotels referred to, are cleaned by air. It is no uncommon sight in New York to see a waggon carrying a powerful vacuum-pump standing in front of a residence, with lines of hose extending through the doorway into the interior. The amount of dust drawn out through the hose is enough to alarm every housewife and to confirm her dark suspicion of the hopeless inefficiency of servants. Cleaning houses in this fashion is now a thriving business. The latest application of the vacuum-cleaning method is to be found in the carriages of one of the leading railways. After a long journey a passenger coach is anything but a haven of sweetness and purity. Moreover, it must be cleaned with the utmost dispatch. The "air-broom" effectively and rapidly sucks out the dust from the cushions, seats, hangings, carpets, and mattresses without the commotion of the old method.—*Book Lovers' Magazine.*

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10, ORCHARD ST., LONDON, W.

EXAMINATION IN MATERIA MEDICA AND PHARMACY.

By the courtesy of the matron, we are enabled to publish an examination paper recently set at Guy's Hospital, together with those answers adjudged the best. Other nurses will, we are sure, be interested in testing their knowledge by these questions.

1. What do you know of any *three* of the following:—Infusions, Tinctures, Collodions, Waters, Plasters.

2. State the Latin name for the following, and write a short account of the chief ingredients of each. Spirit of Sal Volatile, Dover's Powder, Fowler's Solution.

3. Calculate the quantity of Boric Acid required to make two gallons of a saturated solution (1 in 25). (Show all the calculations.)

4. Translate the following and show what dose of each ingredient the patient is taking.

℞.	Liquor Arsenici Hydrochlor.	m. xxiv.
	Liquor Strychnin. Hydrochlor.	m. xlviii.
	Ferri sulphatis.	ʒ ss.
	Aquam ad.	℥ iii.

Fiat mistura, ℥ iii. ter die sumenda post cibum.

PRACTICAL DISPENSING.

Dispense the following prescription, and state on the label the quantity of each ingredient put in the bottle.

℞.	Magnes. Sulph.	gr. xx.
	Liq. Ferri. Perchlor.	m. xv.
	Inf. Quassiae.	℥ i.
	Aquam ad.	℥ iv.
Fiat mistura. t.d.s.		Mitte ℥ v.

or

Dispense the following prescription, and state on the label the quantity of each ingredient put in the bottle.

℞.	Magn. Sulph.	gr. xv.
	Liq. Ferri. Perchlor.	m. xii.
	Inf. Quassiae.	m. xlv.
	Aquam ad.	℥ iv.
Fiat. mistura. t.d.s.		Mitte ℥ iv.

THE BEST ANSWERS.

(1) *Infusions* are made by standing the drug in hot or cold water for a definite length of time, generally about fifteen minutes, and straining off the liquid. The soluble parts of the drug are extracted, and the part of the drug which remains is called the mare. Sometimes boiling water is poured on and left to cool. Dose of infusions is generally ℥ 1. Infusion of digitalis (purple foxglove leaves) is 2-4. Senna leaves are prepared by infusion.

Tinctures are prepared either by percolation, maceration, or mixing. Percolation is passing a liquid, water or alcohol, through the drug, and straining by passing through cotton-wool. It is done with a percolator, and the liquid which comes through is called "percolate." Maceration is standing a powdered drug in liquid to extract the useful parts. Dose of tinctures of strong drugs is 5-15m. Examples: Digitalis, strychnine, morphine. Dose of tincture of weak drugs is ʒ gs.-1. Example: quinine.

Collodions are made from pyroxylin (a substance obtained from cotton-wool), alcohol, and ether. Flexile collodion has also the addition of a little castor oil. Owing to the presence of ether it is inflammable. Collodions are for external use only. Collodion may have blistering fluid added to it, to form a blistering collodion.

Waters are prepared by distillation of the drug with water, example: caraway water, or distillation of an oil with water, example: peppermint water, or mixing, example: chloroform water. The usual dose is ʒ 1-2. The dose of cherry-laurel water is ʒ ii. Chloroform and cherry laurel are the only poisonous waters. The others are used for flavouring.

Distillation is boiling water and the drug till it forms steam, then cooling the steam by passing through a tube surrounded by cold water. It becomes liquid, and drops out in a liquid form, leaving the impurities, such as lime, &c., behind, as well as the part of the drug which cannot be distilled.

Plasters (Emplastra).—The basis of all plasters is lead soap. To make lead soap you take lead oxide and boil it with olive oil. It forms a soap or plaster which is not soluble. Lead soap, hard soap, and resin spread on holland are known as strapping; belladonna plaster is another example, the drug being added to the basis.

(2) *Dover's Powder* (Pulvis ipecacuanhæ compositus).—Its chief ingredients are (*a*) opium, (*b*) ipecacuanha.

Opium is the dried juice of a white poppy grown in India and other countries. The poppyhead is bruised, and the juice dried and collected. It is brown, granulated, soft, easily dries in air, contains 6 to 20 per. cent. of morphine, and 1 per cent. of codeine, its active principles, alkaloids. It is an anæsthetic, given in form of laudanum (tinct. opii), 5-15 or 20-30m., tinct. camphori co., and tinct. opii ammoniata (ʒ gr.-1), and pil. saponis co.; also used as lotion in lead and opium and lin. opii.

Ipecacuanha is a root grown in Central America. It is powdered and given as an emetic or expectorant. Dose of emetic ¼-2grs., expectorant 15-30; also in vinum ipecac., 10-30grs., or ʒ 4-6. Dose of Dover's Powder, 5-15grs.

Fowler's Solution (Liquor arsenicalis), an alkaline solution of arsenic, 1 per cent. arsenic. Arsenic is found in connection with tin in Cornwall. Used in form of arsenious acid, a white powder (As_2O_3). It is poisonous, dose 1-60-1-15gr. Made up in 1 per cent. solutions, dose 2-8m. It is a tonic, and improves the blood. The acid solution is liquor arsenici hydrochloricus.

Sal Volatile, or aromatic spirits of ammonia, is ammonia in spirit with oil of lemon and nutmeg; dose 20-40m., 60-90m.

(3)

Boric acid required to make 2 galls. 1 in 25.
8 pints = 1 gall. 16 pints = 2 galls.
320 ozs. = ,,
If in 25 parts 1 part is B.A.
1 ,, $\frac{1}{25}$
320 ozs. $\frac{1}{25} \times 320$.
$\frac{1}{5} \times 64 = \frac{64}{5} = 12\frac{4}{5}$ ozs.
$\frac{4}{5} \times 8 = \frac{32}{5} = ℥\ 6\frac{2}{5}$.
$2 \times 12 = 24$grs.

12 · 6 · 24.

Answer: ℥xii ʒvi grs. xxiv.

(4) Take thou—

Hydrochlori solution of arsenic 24 minims
,, ,, strychnine 48 ,,
Sulphate of iron ½ dram.
Water up to 3 ozs.
Let 3 drams of the mixture be taken 3 times a day after food.
In each dose = 3 minims.
,, ,, 6 ,,
,, ,, $3\frac{3}{4}$,,

BISMUTH FORMIC IODIDE

Now that Bismuth Formic Iodide powder is being so extensively used as a dressing for wounds, the following methods of preparing gauze may prove useful. The gauze is cut into yard lengths, and rendered sterile in the usual way. For each yard take—

℞	Bismuth-Formic Iodide (Pulv.)	grs. 1.
	Glycerine	ʒ vi.
	Alcohol	℥ i.
	Aqua ad	℥ iv.

Mix together thoroughly, and pour over the gauze which has been placed in a sterile basin, and with hands which have been rendered surgically clean rub in till every mesh is well saturated. Fold in towel and sterilise. This is eminently satisfactory in all places in which the iodoform gauze is used, except in tuberculosis and rectal cases, in which the iodoform is preferable. One advantage it possesses is that while not such a bright colour as iodoform gauze, sterilising does not produce any change in its appearance.—*Canadian Nurse.*

NOTES FOR MIDWIVES

The meeting at Lord and Lady Brassey's house in Park Lane, on May 17th, in support of the Association for Promoting the Training and Supply of Midwives, was quite successful. The office of chairman was ably filled by Mr. Wallace Bruce, Chairman of the Housing Committee of the L.C.C., in the unavoidable absence of Lord Balfour of Burleigh, one of the earliest friends of the association. Among those present were Lady Mary Glyn, Lady Mabel Howard, Lady Trevelyan, Lady Priestly, and Dr. Boxall.

The Mayor of Huddersfield, Mr. Benjamin Broadbent, spoke at some length, dealing with the need for the preservation and protection of infant life, and especially laying stress upon the claims which the association had to public support because of its good work in this important direction, and in that of ameliorating the sufferings both of mothers and infants. Dr. Champneys, Chairman of the Central Midwives' Board, strongly endorsed the Mayor of Huddersfield's views. He touched upon the diminishing population question, and spoke of the value to the State of the association's work. Mrs. Charles Trevelyan and Miss Lucy Robinson dealt with that aspect of the association's aims which appeals most forcibly to public sympathy, the latter asking those present to try and realise the work for which trained midwives are so urgently needed in the poorer homes. She drew a mental picture of the miles upon miles of mean streets, each with its hundreds of more or less poverty-stricken homes, where mothers, with only a few pence to spare, were needing help for themselves and their babies. If wealthy mothers, she said, would think what all this means, surely the association would gather in plenty of support.

The Rev. Simeon Singer, in an admirable speech, proposed the following resolution: "That this meeting hereby expresses its conviction of the value of the work carried on by the association, and its importance in contributing to the improvement of the national health, and especially commends it to the generous support of the public." In seconding this Mrs. Ebden gave a most satisfactory account of the association's achievements in training candidates, in organising lectures, and in administering the Home at East Ham, where 700 cases were attended during the past twelve months.

Certainly no association deserves better of the public than this. It is doing a national work, for every well-trained midwife starting under its organised care becomes a centre for the spread of a knowledge of the laws of health, and no one in the country-side has greater opportunities than these midwives, entering, as they do, nto the homes of the poor at a season when influence of the right sort may bear lasting fruit.

The article in last week's issue on "Maternity Nursing in Canada" raises a question of some interest. The writer evidently regards the absence of provisions regulating the practice of midwives in some of the Colonies as a proof of superior progress, but there are two ways of approaching this question. The laxity of regulations as regards midwives in Canada and other Colonies has probably resulted from the deplorable absence of legislation on the subject in the Mother Country till three years ago. There is certainly no law in existence in the Canadian provinces to *prevent* women practising as midwives, and in some parts there are regulations respecting them. Nova Scotia has such: midwives are there recognised by the State, and practise largely. They must, however, first show proof of competence and obtain a certificate from the Registrar. In Quebec, midwives are also recognised by law, and a certificate from a registered medical practitioner enables a woman to practise. In the province of Prince Edward Island midwives "are recognised by the State, and practise widely." The Medical Acts provide that nothing in them "should be construed to prevent any woman from practising midwifery." Ontario and British Columbia have no statutes dealing with the subject. It is probable that such will presently follow. There is no doubt that the greater number of practising women doctors in the United States and Canada does tend to keep away the midwife.

The writer of the article is, by the way, somewhat wide of the mark in apparently attributing the regrettable fact that "the total mortality from child-birth has not diminished in the United Kingdom" to the practice of midwifery by midwives. A county medical officer told the writer of these notes a short time ago that, taking mortality and puerperal fever percentages in doctors' and midwives' practices, the latter came out very favourably. In arguing on this vexed question it is very often forgotten by those who condemn midwives because they are not medical practitioners that it is in this country simply a matter of £ s. d. To provide poor lying-in women with midwives under due supervision and control is to get for them the best all-round care and attention that they are able to afford, not *necessarily* to assume that the attendance of a midwife is the best of all possible courses. A guinea to a doctor and five shillings to a "nurse," so-called, often means that the patient is less well cared for than if she were attended by a well-trained midwife, who combines in her own person something of both.

The use by midwives of the initials, "L.O.S.," "C.M.B.," &c., in describing their professional qualifications on brass plates and cards has always caused a flutter in the breasts of medical members of the Central Midwives' Board, which perhaps to the non-medical mind may seem somewhat out of proportion to the apparently trivial nature of the offence. "Certified midwife" is the correct designation, and abbreviations or additions are not recognised. From the midwife's point of view it is only natural that those who are certified by virtue of examination should wish to differentiate themselves from those who are only so qualified under the *bonâ-fide* clause. To such can only be suggested an altogether fuller description of their qualifications.

NATIONAL HEALTH SOCIETY

The National Health Society came into existence thirty-three years ago for the purpose of disseminating "knowledge of the laws of health among all classes of the community, but especially among women, who are responsible for the hygiene of the home and the rearing of children." To this end lectures are given on domestic hygiene, sanitation, and the prevention of the spread of infectious diseases. Special courses of lectures are held for ladies who wish to obtain the certificate of the Sanitary Inspectors' Examination Board, to qualify as lecturers under the County Council scheme of technical education, or to prepare for hospital training. This special course includes lectures on elementary anatomy and physiology, first aid, sanitation, and public health, building construction, elementary physics and chemistry, &c. Free lectures to the poor form a very important branch of the work, according to Sir Michael Foster, speaking at the society's meeting at Grosvenor House, for the poor had decided views about disease and the working of the human body, and with them some knowledge was worse than ignorance; but they were very willing to learn. The great success of the medical and surgical treatment of the last years was due to the ample supply of women adequately trained to nurse the sick. Archdeacon Sinclair made a witty plea for the study of ventilation, which he considered entirely overlooked in the construction of churches. Sir Frederick Treves, in moving a vote of thanks to Princess Christian, who presented the prizes, spoke of her Royal Highness as an expert in sanitation, and one of the two points that were strongly before the society at the moment had been suggested by her, viz., the casual manner in which meat was dealt with before reaching our tables. The other was the way in which milk was supplied to the public. Dirt and disease germs in the milk were harmless in the eyes of the law, while the addition of water, which was fraudulent but not unhealthy, was severely punished. These matters could only be remedied by legislation, which they hoped to approach through the education of the public mind. Among the many ladies who received certificates were the following nurses from Guy's: Misses K. B. Webb, J. Pagan, Alice Park, Edith Sear, and Eleanor Wise.

CLAPHAM MATERNITY HOSPITAL

THE annual meeting was held on Friday afternoon, May 11th, at 3.30 p.m. The chair was taken by Lady Hamilton, who, in her opening speech, alluded to the splendid work done by Dr. Annie McCall in this thickly populated district, and suggested a Rosemary Band being started to try and get more help in the way of money and clothing. Other interesting speeches were given by Mrs. W. S. Caine, Mrs. Carter, Whitechapel, and Miss Rodber Horton. The annual report was read by Miss Ritchie. Dr. Sturge was re-elected to the chair, also the whole committee re-appointed. Dr. Annie McCall spoke of the great need of better accommodation, the present hospital being quite inadequate. A site has already been obtained for the erection of a new Maternity Hospital, and funds are urgently required. Miss Le Geyt came forward with the generous offer of £5, on condition that twenty others would do likewise; this was responded to by four other ladies present, and it is hoped that the whole amount may soon be forthcoming.

The director, Dr. Annie McCall, was one of the doctors selected by the Central Midwives Board as examiners under the new regulations and was chosen by co-option upon the Midwives Act Committee of the London County Council appointed to supervise the carrying out of the new Act, and has this year the honour of serving as vice-chairman of that London County Council Committee, which is the local supervising authority for London.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE

THE War Office desires us to draw attention to the fact that several vacancies for army staff nurses will be filled at once. At the new rate staff nurses begin with £40 a year, and rise to £45, while the pay for other ranks has also been increased. There are many other advantages in the Service, of which full particulars may be had from the Secretary of the War Office, 68 Victoria Street, or personally from the matron-in-chief, who will see candidates at the same address on Tuesdays and Thursdays, between ten o'clock in the morning and one o'clock in the afternoon.

THE following lady has received an appointment as Staff Nurse:—Miss A. A. Mackenzie. *Postings and Transfers.*—Matrons: Miss G. M. Richards, to Military Hospital, Portsmouth, from Military Hospital, Devonport. Sisters: Miss E. C. Stewart, to Military Hospital, Wynberg, Cape Colony, South Africa, from Military Hospital, Pretoria. Staff Nurses: Miss V. L. Batteson, to Military Hospital, Hounslow, on appointment. *Appointments confirmed:* Miss C. M. Williams.

TRAVEL ANSWERS

VERY CHEAP ROOMS NEAR LONDON OR IN WALES FOR FOUR GIRLS.—"Hob." might write to the following addresses: Mrs. Lewis, Noyadd, Rhyader; Mrs. M. Jones, Bwlch-y-Gwynt, Bryn Melyn, nr. Dolgelly (Dolgelly is near Barmouth and in the midst of some of the most famous of Welsh scenery. Rhyader is in Central Wales, on the Wye, surrounded by hills, and some very wild scenery.) Mrs. Roser, The Common, Cranleigh, Surrey; Mrs. Barnett, 3 Parkstone Villas, Cross Roads, Southwick, near Brighton, ten minutes from station and sea; Mrs. Gates, Church Farm, Rustington, nr. Littlehampton, Sussex; Mrs. Sopp, Divall's Farm, Birchgrove, East Grinstead.

FARMHOUSE ACCOMMODATION IN KENT OR NEIGHBOURING COUNTIES FOR £1 (L. M.).—Mrs. Seagar, Alleg's Farm, Great Totham, Witham, Essex (three miles from Maldon and the Estuary of the Blackwater); D. West, Codham Mill, Shalford, Braintree, Essex (house by river); Mrs. Harvey, Hurst Green Farm, Marden, Kent. Write to the above addresses.

A CRIPPLED SCHOOL OF RECOVERY

WE regret that in our paragraph last week our words "some knowledge" are likely to give a wrong impression of the training received by the children. We trust all who are interested in the excellent work carried on by Mrs. Kimmins will realise that the chief feature of the work is its *thoroughness*. The children are to be *thoroughly* trained in some handicraft in order that when they are able to leave the institution they can go into the world and compete successfully with their "whole" brothers and sisters.

NEWS ITEMS

AT the recent examination at the PORTSMOUTH INFIRMARY, twenty-nine nurses entered and twenty-seven passed, four with distinction. Dr. Fawcett, in his report, said that the nurses showed a good, sound, practical knowledge of the subjects, though the written answers to the set questions were not so detailed as they might have been.

BY the will of the late Sir David Dale, the well-known northern iron-master, a legacy of £200 has been left to the DARLINGTON QUEEN'S NURSES' ASSOCIATION.

SEVERAL of the nurses at the Pretoria Hospital have resigned in consequence of differences with the matron.

DURING the year the work of the BALLYDUFF DISTRICT NURSING ASSOCIATION, which is affiliated to the Q.V.J.I.N., has, under Nurse Kenelly, been most satisfactorily carried out. She has paid 1,540 visits, some of them being as much as seven miles apart. The report of the Q.V.J.I.N. inspector on the occasion of her two visits was "very satisfactory." At the recent annual meeting the committee recorded their very hearty appreciation of the efficient kindliness with which Nurse Kenelly undertook her arduous tasks.

THE local nursing association will, we are glad to learn, benefit very substantially from the profits of an excellent concert recently given, by kind invitation of his Grace the Duke of Norfolk, at Arundel Castle. There was a large attendance, and the deficit of £60 which has resulted from the first year's working expenses should be easily cleared off, leaving a satisfactory balance in hand. The concert was organised by her Grace the Duchess, who has always taken such a keen interest in the association, and who was largely instrumental in starting the work a year ago.

ALL who know Guy's Hospital will know how much regret has been felt at the resignation of Miss Stevens. She joined the staff as a probationer in 1879, and has of late years been in charge of the out-patient department, where she has meted out an unfailing measure of geniality and kindly courtesy to all with whom she had to deal. Through her retirement Guy's loses one of its oldest members, who has ever had the aims and ideals of the institution before her.

THE scheme of providing nurses for the poor of the Three Towns, which has been under consideration, is now, we are glad to learn, almost complete, and it has been decided to affiliate the association with the Devon County N.A., and with the Q.V.J.I.N. One nurse is already at work, and under the influential committee who are making the final arrangements the association should soon be satisfactorily established.

NURSE HEATH, who has worked so many years under the DUNOON D.N.A., received a well-merited measure of praise at the recent annual meeting. She has also received an honorarium of £5 from the Q.V.J.I., in recognition of long and meritorious service. During the year she has paid 2,979 visits. The committee are glad to report that owing to a bequest of £450 the financial affairs of the society are in a satisfactory condition.

A very successful ball, in aid of the Grafton Street Ear, Nose, and Throat Hospital, took place on May 10th, at the Portman Rooms. A great many nurses were present, but unfortunately Miss A. M. C. Minter, the matron, and her staff were in quarantine, owing to three cases of scarlet fever. This little hospital is in urgent need of funds; it fulfils a great need in the crowded thoroughfare in which it stands. Later a bazaar, got up by the matron and staff, will be held.

Mr. Louis Dick, secretary of the Royal National Pension Fund for Nurses, addressed the nurses on the 18th inst., in the board room of the St. George's Hospital, on the advantages to be derived from joining the Fund. There was a large attendance of the nurses, and much interest was evinced. The chair was taken by Mr. Warrington Haward, F.R.C.S., chairman of the Committee on Nursing of the hospital, and there were present, the matron, Miss Smedley, and the secretary, Mr. W. H. Davenport. The attention of the nurses was specially called to the fact that in taking out policies for pensions, the amount of premium paid was, after two years, returnable with interest at 2½ per cent., that premiums could be paid monthly, quarterly, or yearly, that in addition to the pension entered for, nurses would be entitled to a bonus addition to the amount for which they had subscribed, and that for a small additional premium a nurse could receive sick pay during illness.

A conference of representatives from Worcester, Gloucester, and Bristol was recently held at Gloucester to consider the question of adopting some scheme for the interchange of fever nurses. A scheme for the transfer and loan of nurses between isolation hospital authorities, to meet the fluctuating demands of hospitals for infectious diseases, such as that which is now in force in the West Riding of Yorks, was agreed to be desirable, and a committee was appointed to consider the necessary details.

NEW NURSING APPLIANCES

A very good way for nurses unattached to any school of nursing to keep themselves up in modern improvements in all the many little appliances connected with nursing, would be to visit surgical instrument makers occasionally, and glean hints which would enable them to be quite as much *au fait* as their more fortunate sisters. But to some even this is impossible, since they are perhaps buried away in the country, and it is for these some mention may be made of one or two new contrivances.

For instance, the latest thing in ear troughs, which has been introduced at the suggestion of Mr. W. N. Noott, M.R.C.S., is now to be seen at Messrs. Hockin, Wilson and Co., 186A Tottenham Court Road. This trough meets a need every nurse must have felt at times, since the ordinary kidney bowl is by no means an ideal receiver. This is made of metal and has a capacity of about one pint; the top of the trough, being indented, allows it to stand well under the ear, and prevents the water trickling down the patient's neck. It is quite cheap (1s. 9d.), and, of course, can be boiled.

The hypodermic syringe, made of metal, and therefore not only boilable but not likely to get out of order, is not always obtainable as cheaply as Messrs. Hockin, Wilson are now selling it, *i.e.*, 2s. 6d. Rubber wears out, glass cracks, but metal has none of these expensive habits.

Rather an expensive, but certainly an attractive luxury, is the new steriliser midwifery case, and less expensive and very useful for the midwife, a small canvas case, which just contains the steriliser.

The aluminium wallet is an outcome of these aseptic days, since it can be thoroughly cleansed and boiled; it costs 5s. without any extras, which, of course, can be added.

Many nurses do already visit Messrs. Hockin, Wilson in search of new tips, and they are always courteously received and welcome to any information that may be useful.

APPOINTMENTS

Atherstone Workhouse Infirmary.—Miss Brindle has been appointed head nurse. She was trained at the Sculcoates Infirmary, and has since been charge nurse at the Auckland Workhouse Infirmary.

Battle Union.—Miss E. M. Mitchell has been appointed head nurse.

Brackley Cottage Hospital.—Miss G. Bulton has been appointed nurse-matron. She was trained at the Wandsworth Infirmary and has since been sister at The Lady Forester Trust Hospital, Much Wenlock.

City Isolation Hospital, Baythorpe, Nottingham.—Miss Eleanor Horsfall has been appointed night superintendent. She received her training at the Ladies' Charity Lying-in Hospital, Liverpool, and at the Mill Road Infirmary, Liverpool, and has since held the following posts:—Theatre charge nurse, General Infirmary, Hertford, Herts; sister of scarlet fever blocks, Isolation Hospital, Baythorpe, Nottingham. She holds the C.M.B. certificate too.

Coton Hill Private Asylum, near Stafford.—Miss Fraser has been appointed matron. She was trained at the Western Infirmary, Glasgow, and has been at the Stirling District Asylum, Larbert.

Eston Sanatorium.—Miss J. H. Whittaker has been appointed matron. She was trained at the N.E. Hospital for Children, the South Devon and East Cornwall Hospital, Plymouth, and at the London Fever Hospital. She has since been sister at the Nottingham Borough Hospital, matron at the Bath Statutory Hospital, and superintendent of the Coronation Nursing Home, Hove.

Forest Isolation Hospital, Mansfield.—Miss May Stainthorpe has been appointed matron. She was trained at the Middlesbrough Fever Hospital and the General Infirmary, Huddersfield. She has since held the following posts:—Sister, women and children's wards, Stanley Hospital, Liverpool; sister of medical surgical wards and theatre sister at the Mill Road Infirmary, Liverpool; and has also done private nursing in Liverpool. Latterly she has been night superintendent at the City Isolation Hospital, Baythorpe, Nottingham.

Holborn Union.—Miss J. M. G. Pepper has been appointed head nurse.

Hospital for Sick Children, Great Ormond Street.—Miss Grace Thompson has been appointed out-patient sister. She was trained at St. Bartholomew's, and held the post of theatre and surgical ward sister at the New Hospital for Women, Euston Road. Miss Gertrude Wood has been appointed night sister. She was trained at St. Bartholomew's, where she also held night sister's post. She was also for one year at Shadwell, and three years as sister at the New Hospital for Women, Euston Road.

Kimberley Hospital, S.A.—Miss E. L. Gibson, from Pretoria, has been appointed matron.

Lincoln County Hospital.—Miss E. A. Wynne has been appointed matron. She was trained at the Leeds General Infirmary, and has since been sister, night superintendent, and assistant superintendent there.

Midlothian and Peebles Asylum, Rosslynlee.—Miss Thyne has been appointed matron. She was trained at the Royal Infirmary, and has been senior assistant matron at the Stirling District Asylum, Larbert.

Paddington Parish Infirmary.—Miss A. Dredge has been appointed night superintendent nurse. Miss E. T. Reid and Miss I. Muir have been appointed head nurses.

PRESENTATION

Miss E. Myers, who has been appointed superintendent of Queen's Nurses in Sheffield, said goodbye to the nurses of the Scottish District Training Home on April 13th. Miss Myers, as district assistant, has done excellent service for ten years in training the nurses for the Scottish branch, and she carries with her their respect and affection. As a token of this they asked her acceptance of a gold chain, and a writing bureau, bearing the inscription: "To Miss Myers, with affection and esteem, from the Queen's Nurses in Scotland."

CORRESPONDENCE

GARTLOCH NURSES.

To the Editor.

May I, through the medium of your valuable paper, insert a few remarks with reference to your correspondent's letter regarding the treatment of Gartloch nurses. Allow me to quote his exact words, "If you knew what we know of the treatment of Gartloch nurses."

Now, such a statement as that is apt to convey a very false impression indeed. As a member of the present staff, I would like to state a few facts with regard to our treatment. I have had several years' hospital experience (general and fever work), before taking up mental nursing, and not in any place have the nurses been treated with more consideration and kindness, or more effort made for their comfort. We have each our separate room in the "Nurses' Home," a building apart from the rest of the hospital, fitted up with every comfort and convenience, with a matron in charge, so that when off duty we are quite away even from the sounds of the wards, and, when ill, we have every attention. Contrast this, if you will, to other institutions, where the nurses have their rooms *off the wards*.

With regard to our off-duty time, we have a week-end every six weeks, from 2 p.m. on Saturday till 10.30 a.m. the following Monday; every third Sunday free all day; one afternoon each week from 2 p.m. till 10 p.m.; one evening each week from 6.30 p.m. till 10 p.m.; leave every evening during the summer months, from 8 p.m. till 10 p.m.; and late leave is not refused when asked for to attend theatres, &c., occasionally. We are not understaffed. Annual leave is being given now, but we do not feel the strain, and in many places much extra work is made for those who are left behind. The work is hard and trying when on duty, but is not all hospital work strenuous and exacting? and we who take it up know we must give our best. It seems to me that some nurses in these days do not know what work is. In our happy training days we were taught unselfishness and care for others. It would be interesting to know what treatment some nurses really want. I would not wish to discourage those friends who are always ready to help us, but would it not be well to direct their energy to reform where it is really needed. I feel confident that if we have any cause for complaint in the future a proper appeal to our matron and medical superintendent will be all that is required to have the matter remedied.

A Gartloch Nurse.

"SWEATING."

To the Editor.

A curious contrast is presented to the moving appeal in last week's Nursing Times, suggesting we should rouse ourselves to sympathise with sweated labour, and help by our entrance fee to find a way out, for, among other workers, the matchbox-maker, who earns less than 5s. a week. Now, in the *Daily Chronicle* for May 18th, we read of a meeting in Eaton-square to uphold workers "rights" to work at this awful wage, and we find fear expressed by these very match-makers lest they may be *prevented* making match-boxes at 2s. a gross (finding their own paste and string).

What is the happy medium, and what are we nurses to urge upon those whom we may influence in this matter? Like many other simple matters, it is not as simple as it appears.

An Interested Nurse

[We understand that the report of the Freedom of Labour Defence meeting does not convey the right impression. The fact is merely that certain women working at low pay prefer even that pay to losing their work in present conditions.—Ed.]

HEALTH LECTURES BY NURSES.

To the Editor.

In connection with the endeavour to spread a knowledge of the laws of health amongst the poor, an account of a little venture that has just been made in Somerset may interest your readers. It is for the people living in small villages, beyond the reach of the teaching that is nowadays so often met with in towns, that such knowledge is most needed. A series of meetings were arranged in different country places, and in each a lecture was given by Mrs. Clare Goslett on hygiene and the care of the health in some form; in one place the special subject was the care of the baby and young child, and this proved of special interest. Of course in Mrs. Clare Goslett one had a lecturer of exceptional excellence, and this is a great point, which should not be lost sight of, that for people in whom the hunger for knowledge has to be aroused, it is necessary to give that knowledge in the most appetising form possible. But it is wonderful, if once interested, how keen the people become, and what efforts they will make not to miss a lecture.

It is not, perhaps, possible to import a lecturer frequently, but much might be done if nurses themselves would hold simple classes and explain a few of the primary laws of health, and teach a little simple bandaging, &c. This has actually been done by a busy nurse in a very out of the way part of the county, who during the winter found time to give some simple lectures to women on "What to do till the nurse or doctor comes." They were well attended, and not only did much good, but enabled the women to profit much more by the occasional lecture from such an expert as Mrs. Clare Goslett and others. A nurse's training time is all too short for her to learn all she has to, but if she could be shown the best methods of imparting to others something of what she is taught, it would be a gain not only to her but to the community she serves.

F. C. Joseph,
Hon. Sec. Somerset County Nursing Assn.

THE MODERN NURSE.

To the Editor.

Lady Russell's defence (?) of the modern nurse, following Miss Genn's racy lecture at the Queen Square Club last week, made one inwardly exclaim, "Save me from my friends"!

Surely silence would have been preferable to "damning with faint praise."

Many of us *have* higher ideals than to "*look* good," and "lie so *nicely*," and I fancy (perhaps quite incorrectly) that the latter accomplishment is not monopolised altogether by the nursing profession.

Saphira.

ANSWER TO CORRESPONDENT

PEARL BARLEY.

Nurse.—One of the constituents of the grain must presumably have undergone some chemical change, but it would be impossible to state its precise nature without examining a sample presenting the phenomenon, and even then might prove difficult to show exactly why the barley turns pink.

COMING EVENTS

May 30th.—Annual Meeting Nurses' Missionary League, Gordon Square, W.C.

May 31st.—Annual Meeting R.B.N.A., Imperial Institute, 5 p.m. Reunion afterwards at the Austrian Exhibition, Earl's Court, S.W.

June 1st.—Annual general meeting Asylum Workers' Association, 11 Chandos Street, W., 4 p.m.

All Editorial communications to be addressed to The Editor, "The Nursing Times,"
Messrs. MACMILLAN & CO., Ltd., St. Martin's Street, London, W.C.

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